

Student_____ Period_____

**CLINICAL DENTAL ASSISTANT
PERFORMANCE SKILLS EVALUATION SCORE SHEET**

**DENTAL SCIENCE IV – BENCHMARK 4
EXTERNSHIP**

All performance skills must be completed to meet State Skill Certification requirements.

STANDARD 1: EXTERNSHIP	Satisfactory	Date
01.01 Complete the student externship agreement.		
01.03 Discuss student externship evaluation with instructor.		

Student's Signature: _____

Date: _____

Instructor's Signature:_____

Date: _____